

REQUIREMENTS & INSTRUCTIONS FOR FILING - NURSING HOME ADMINISTRATOR

Access this form via website at: www.hawaii.gov/dcca/pvl

(Read thoroughly)

Any individual who is charged with the general administration of a nursing home or immediate care facility in Hawaii must be licensed as a nursing home administrator under the provisions of Chapter 437-B, Hawaii Revised Statutes.

"Nursing home" means a place authorized as such by the appropriate licensing authority of this state for the care of patients requiring continued nursing and/or health care such as skilled nursing facility of an immediate care facility.

APPLICATION

Complete both sides of the attached application form. Applicants are subject to requirements in effect at time of filing.

- **Failure to provide all the requested information will delay the processing of your application.**

FEES

ATTACH: Money order or check for \$100 (non-refundable application fee) made payable to:
COMMERCE & CONSUMER AFFAIRS.

After all requirements are fulfilled, license fees will be due.

Note: *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

AGE

Be over 21 years of age.

EDUCATION or EXPERIENCE

All categories of requirements must be met to be eligible to take the National Association of State Boards of Nursing Home Administrators Examination (NAB). Use the attached checklist as a reference. ***Education must be obtained from a U.S. school accredited by an accrediting agency recognized by the U.S. Dept. of Education.**

Applicant must complete one of the following:

*Master's degree in: hospital administration, public health specializing in gerontology OR public health specializing in health administration and approved 3 credit course in administration of SNF or ICF; **(arrange to have official transcripts submitted directly by a U.S. accredited school); OR**

*Bachelor's degree: **(arrange to have official transcripts submitted directly by a U.S. accredited school); OR**

Substitute with eight (8) years within past ten (10) years as assistant administrator, in a nursing home. **Submit** a letter from a Hawaii licensed NHA recommending applicant.

All applicants (except those with a Master's degree as indicated above) must complete one of the following and submit appropriate verification:

Approved course of study/program from a U.S. accredited college or university; OR

3 years within the past 5 years of administrative work experience in a health related area.

PRACTICAL EXPERIENCE

All applicants (except those with *Master's degree in hospital or business administration or public health) must meet one of the following and submit appropriate verification:

1 year administrative experience in an SNF or ICF; OR

**PRACTICAL
EXPERIENCE (Cont.)**

Administrator-in-training program (§16-90-37); OR

1 year administrative experience in a health related area.

**FITNESS &
SUITABILITY**

All applicants must submit verification of the applicant's fitness and suitability to be a nursing home administrator from one of the following:

Persons in the field. **Submit** employer's statement of work performance covering the last 12 months prior to application; OR

Others. **Submit** employer evaluation/assessment of knowledge and training required of a nursing home administrator.

**LETTERS OF
RECOMMENDATION**

Submit three (3) letters, attesting to the applicant's good moral character, from individuals engaged in either business or the professions, who are not the applicant's relatives or employees.

**EXAMINATIONS AND
FILING DEADLINE**

National Association of Boards of Examiners (NAB)

The NAB examination (exam) is administered by computer (since 1/1/00). There is no application deadline. The exam is administered year round by professional testing centers on Oahu only. After the candidate's application is approved, the candidate will receive an approval notice.

Eligible candidates are to register for the Nursing Home Administrator's national examination electronically and submit payment directly to the National Association of Boards of Examiners of Long Term Care Administrators (NAB). Currently, the exam fee is \$260.00. **To obtain the candidate handbook and to register electronically, go to the following website: www.nabweb.org.**

Candidates unable to access the internet to obtain the candidate bulletin and or to register electronically, are to contact the Examination Branch by calling (808) 586-2711, faxing (808) 586-2874 or emailing pvlexam@dcca.hawaii.gov.

After registering for the exam, candidates should receive an Authorization to Test form approximately within 15 working days that will provide further instruction on scheduling to sit for the exam. **Candidates must sit for the exam within 60 days of PES notification.** The passing scale score is 113.

Examination results will be processed approximately within 4 weeks after sitting for the exam.

**VERIFICATION
OF LICENSE**

Verification of your **EXAM SCORES** and out-of-state license must be obtained. Mail the attached "Verification of License" form to the state in which you were **originally licensed by examination** with the appropriate service fee that most states charge for such requests. Please verify with the respective state board for fee information.

**LIMITED AND
TEMPORARY
LICENSE**

A limited and temporary license may be issued provided the applicant meets the conditions set forth in Chapter 90, Hawaii Administrative Rules, and all examination requirements. Submit Temporary Permit fee of \$100 payable to: **COMMERCE & CONSUMER AFFAIRS** and applicable documents.

ADDRESS

Incomplete and/or irregular applications will not be accepted. Applications are kept on file for two (2) years. Failure to complete the licensing requirements within two (2) years will void your application.

Mail to:
*Nursing Home Administrator Program or
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

Office location at:
*1010 Richards St., 1st Floor
Honolulu, HI 96813*

Ph. No. (808) 586-3000

LAWS & RULES

All applicants are required to read Chapters 457-B, HRS, and Chapter 90, Hawaii Administrative Rules, and Chapter 94, Hawaii Administrative Rules.

To obtain a copy of the laws and rules relating to the licensing of nursing home administrators, send a written request and check for \$1.00 to: *Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809*. Price subject to change without notice. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. Indicate the specific chapter in your request.

The laws and rules are also posted on our website free of charge at: www.hawaii.gov/dcca/pvl. Look under "Nursing Home Administrator".

To obtain a copy of Chapter 94 the Department of Health local health regulation, call (808) 586-4080.

**APPLICANTS WITH
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**LICENSE
RENEWALS**

All licenses, regardless of issuance date, **expire on June 30 of each EVEN-NUMBERED year** and are subject to renewal by the license expiration date. Renewal applications are sent about 60 days prior to the license expiration date. To ensure receipt of mail, keep us informed of your current address. If you do not receive a renewal application at least 30 days prior to the license expiration date, contact our office. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to three years. After three years, a new application for licensure is required. Each licensee is ultimately responsible for timely renewals of license and should not depend on license renewal notice from the DCCA.

**ADDRESS/NAME
CHANGES**

It is the responsibility of the applicant to notify us of any changes in **writing**. If you have a name change after your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change, or you may use a "Name Change Affidavit" form from our office.

All address changes must be submitted in **writing**. No changes will be accepted over the phone. We will not be responsible for nonreceipt of any correspondence.

**ABANDONMENT
OF APPLICATION**

Your application may be considered abandoned and may be destroyed, if, after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process.

APPLICATION FOR EXAM & LICENSE - **NURSING HOME ADMINISTRATOR**

Read the attached "REQUIREMENTS & INSTRUCTIONS FOR FILING - NURSING HOME ADMINISTRATOR" before completing this form.

Name (First-Middle)		(LAST)	FOR OFFICE USE ONLY	APPROVED [] Initials/date DENIED []	
Residence Address (Include apt. no., city, state & zip code)				License No. NHA - Eff:	
Mailing Address (ONLY if different from residence)					
Social Security No.		Phone No. (days)		Temporary Permit #	Effective Date:
METHODS OF QUALIFICATION	Experience Requirement (check one): [] One (1) year as a nursing home administrator or Administrator-in-Training. [] Masters of Public Health, Business Administration or hospital administration degree with specialization in health services administration from a U.S. accredited school. [] One (1) year of administrative experience in a health-related area.		Nursing Home Course Requirement - except those with Master's degree (check one): [] Baccalaureate or post-baccalaureate education earned from a U.S. accredited school imparted an equivalent knowledge and skills. [] Three years of administrative work experience in a health-related area attained within the last five years.		
			Are you requesting to sit for the NAB? YES NO		

Circle or underline your answers; give details when required and submit pertinent documents:

- 1) Are you over 21 years of age?YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?YES NO
- 3) Have you completed at least 4 years of college level study in a U.S. accredited institution of higher learning and were you awarded a baccalaureate degree, or have you served for at least eight of the last ten years preceding the application at the level of an assistant administrator (or its functional equivalent) in a nursing home? (If claiming work experience, submit written endorsements from five nursing home administrators currently licensed in Hawaii thoroughly explaining duties.)YES NO
- 4) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?YES NO
EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET + PROVIDE DOCUMENTS AND STATUS ON DATE, PLACE, AND TYPE OF CONVICTION.
- 5a. Are you currently licensed as a nursing home administrator in another state?YES NO
(If yes, complete the "Applicant Section" on attached license verification form and send it to the state in which you were originally licensed by examination.)
- b. Give name of all state(s) in which licensed and license numbers: _____
- c. Has any license ever been suspended, revoked or otherwise subject to disciplinary action?YES NO
EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET. (Provide documents)
- d. Are there any disciplinary actions pending against you?YES NO
EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET.
- 6) Are you seeking a temporary license to work as an administrator in a nursing home?YES NO
IF "YES," LIST NAME, ADDRESS AND PHONE NUMBER OF THE NURSING HOME ON A SEPARATE SHEET.

(CONTINUED ON BACK)

NHA: App	443	\$100	1/2 Ren	440	\$50
Lic	445	\$100	Temp	446	\$100
CRF	447	\$35/70	Service Fee	BCF	\$15

EDUCATION	Name of U.S. Accredited School	Location (city/state)	Date (mo/yr)		Major courses of study & degree earned
			From	To	
	High school				
	College/University				
EMPLOYMENT HISTORY			Dates (mo/yr)		Position Title
	Name of Institution/Employer	Address	From	To	
	Nursing Home/Care Facility				
	Nursing Home/Care Facility				
	Other Employment				
	Other Employment				

Affidavit of Applicant:

I hereby certify that the statements and information contained in this application and the documents attached are true and correct. I certify that I have read, understand, and shall obey all the laws and rules of the Nursing Home Administrator Program (Chapter 457B, Hawaii Revised Statutes and Chapter 90, Hawaii Administrative Rules). I further certify that I have read, understand, and shall obey the local health regulations (Chapter 94, Administrative Rules of the Department of Health). I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes.)

Date

Signature of Applicant

NHA EXAMINATION APPLICANT CHECKLIST

Education (§16-90-7.5): *Program accredited by an accrediting body recognized by the U.S. D.O.E.

_____ *Master's Degree in: hospital administration or public health specializing in gerontology or public health specializing in health administration and approved 3 credit course in administration of SNF or ICF.

or

1. _____ *Baccalaureate degree;

or

_____ 8 years within the past 10 years as assistant administrator, in a nursing home and 5 letters from Hawaii licensed Nursing Home Administrators recommending the applicant sit for the exam.

and

2. _____ Approved course of study/program from college/University;*

or

_____ 3 years within the past 5 years of administrative work experience in a health related area.

Practical Experience (§6-90-70.10):

_____ 1 year administrative experience in an SNF or ICF

or

_____ Administrator-in-training program meeting §6-90-37.

or

_____ *Master's degree in: hospital administration; business administration or public health, with specialization in health services administration.

or

_____ 1 year administrative experience in a health related area.

Fitness and Suitability (§6-90-7.15 & §6-90-8):

_____ Persons in the field: Employer's statement of work performance covering the last 12 months prior to the application.

_____ Others: Employer evaluation/assessment of knowledge and training required of a nursing administrator.

_____ Three (3) letters of recommendation.

State of Hawaii
NHA Program

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A P P L I C A N T	APPLICANT: Complete top portion of this page and forward to ORIGINAL state of license.		
	Name (LAST, First, Middle)		Maiden Name
	Address (Include apt. no., city, state and zip code)		<div style="display: flex;"> <div style="flex: 1;">Phone No.</div> <div style="flex: 1;">Social Security No.</div> </div>
	<div style="display: flex;"> <div style="flex: 1;">LICENSE NUMBER</div> <div style="flex: 1;">DATE ISSUED</div> </div>		Current License status: <div style="display: flex; flex-direction: column; margin-left: 10px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed </div>
	I hereby authorize the nursing home administrator licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.		
Date _____ SIGN HERE: _____			
L I C E N S I N G A G E N C Y O N L Y	This is to certify that the above named individual was issued license number _____.		
	Above individual's social security number is _____.		
	Nursing Home Administrator's license was issued on _____.		
	Individual was licensed as an NHA by: <div style="display: flex; margin-left: 20px;"> <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver </div>		
	Individual's current NHA license status: <div style="display: flex; margin-left: 20px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed </div>		
	The Nursing Home Administrator's license expires: _____		
	Has this license ever been encumbered in any way (revoked, suspended, limited, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please send certified copy of board's: <div style="margin-left: 40px;"> (1) Findings of Fact (2) Conclusions of Law (3) Final Order (4) All other pertinent documents </div>		
Did the individual pass the NAB Examination with at least the passing scale score of 113? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<div style="display: flex; justify-content: space-between;"> <div> SEAL </div> <div> Signature _____ Title _____ State _____ Date _____ </div> </div>			
TO THE BOARD: Return this form <u>directly</u> to the Hawaii NHA Program, P.O. Box 3469, Honolulu, Hawaii 96801.			